MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08751

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY Caroline MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Ridgely

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) NORMAN (Middle) CROSSLEY (Last) DOWNES

4. DATE OF DEATH (Month) SEPT. (Day) 14, (Year) 1951

5. SEX m

6. COLOR OR RACE w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Dec. 1890

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unk.

14. MOTHER'S MAIDEN NAME Edna Starkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 6 hrs.

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease — (?)

93d

(c) & Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14, 1951, to Sept 14, 1951, that I last saw the deceased alive on Sept. 14, 1951; and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE Charles H. Stonesifer (Degree or title) M.D. ADDRESS Greensboro Maryland. DATE SIGNED 9/15/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 17, 1951

NAME OF CEMETERY OR CREMATORY Greenmound Cem.

LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REG. Sept. 15, 1951

REGISTRAR'S SIGNATURE Mary E. Laird

24. FUNERAL DIRECTOR J Virgil Moore Son ADDRESS Denton

18 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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The correct age is especially important.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08750

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgeley city
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ellen (Last) Busseford
4. DATE OF DEATH (Month) Sept (Day) 13th (Year) 1951
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 18th 1868
9. AGE last birthday 83 yrs. If under 1 year Months 2 Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Thomas H. Cecil
14. MOTHER'S MAIDEN NAME Isabella Starkey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Intestine

153X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

462

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infection Enterocolitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to Sept 13, 1951, that I last saw the deceased alive on Sept. 12, 1951, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE Charles H. Stonesifer (Degree or title) M.D. ADDRESS Greensboro Md. DATE SIGNED 9/15/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 16th 51
NAME OF CEMETERY OR CREMATORY Ridgeley Cemetery
LOCATION (City, town, or county) Ridgeley (State) Md.

DATE REC'D BY LOCAL REG. Sept. 15, 1951
REGISTRAR'S SIGNATURE Mary E. Ladd
24. FUNERAL DIRECTOR J. Virgil Weaver & Sons ADDRESS Denton

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08752

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
LENGTH OF STAY (in this place) 38 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Jerome (Middle) Woodward (Last) Horsey

4. DATE OF DEATH (Month) 9 (Day) 28 (Year) 19 51

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH 6/4/1913

9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William G. Horsey

14. MOTHER'S MAIDEN NAME Blanch Woodward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. 220-26-3621

17. INFORMANT AND ADDRESS Blanch Horsey Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Infarction

INTERVAL BETWEEN ONSET AND DEATH 2 hours

420.1

94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28, 1951, to Sept 28, 1951, that I last saw the deceased alive on Sept 28, 1951, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE E Paul Thirsts (Degree or title) M.D. ADDRESS Denton Md DATE SIGNED Oct 1 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/2/1951
NAME OF CEMETERY OR CREMATORY ~~Springhill~~ Denton
LOCATION (City, town, or county) (State) ~~Easton, Md~~ Denton, Caroline Md

DATE REC'D BY LOCAL REG. 10/1/51

REGISTRAR'S SIGNATURE Wm D. D. George

24. FUNERAL DIRECTOR ADDRESS R. B. Rawlings Greensboro, Md.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08753

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schell Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) KATHERINE (Middle) (Last) McELWAIN

4. DATE OF DEATH (Month) SEPT (Day) 28, (Year) 1951

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH unknown

9. AGE last birthday about 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew McElwain

14. MOTHER'S MAIDEN NAME Mary Haymaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Ronald Lane, Ridgely, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	unknown
	(c) Pulmonary Tuberculosis, Pernicious [illegible]	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Tumor of G.I. tract	unknown

592 X

131 b

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 9-28, 1951, that I last saw the deceased alive on 9-28, 1951, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE Robert H. [illegible] (Degree or title) M.D. ADDRESS Greensboro Md DATE SIGNED 9-29-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 1, 1951
NAME OF CEMETERY OR CREMATORY West Laurel Hill
LOCATION (City, town, or county) Philadelphia (State) Pa.

DATE REC'D BY LOCAL REG. 9/29/51

REGISTRAR'S SIGNATURE L. Mae Peppin

24. FUNERAL DIRECTOR ADDRESS J. Virgil Moore, Denton, Md.

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OCT 3 1951
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08754

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marydel
LENGTH OF STAY (in this place) 45 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marydel
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) H. (Last) Morris

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 9/13/1877

9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Morris

14. MOTHER'S MAIDEN NAME Liza Holden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Rachel Morris Marydel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002x

13

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 22, 1951, to Sept. 11, 1951, that I last saw the deceased alive on Sept. 10, 1951, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

SIGNATURE Claude H. Stonesifer (Degree or title) M.D. ADDRESS Greensboro, Md. DATE SIGNED Sept 13. 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/14/51
NAME OF CEMETERY OR CREMATORY Odd Fellows
LOCATION (City, town, or county) (State) Camden, Delaware

DATE REC'D BY LOCAL REG. 9/14/51
REGISTRAR'S SIGNATURE A. Dearh Smith

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

100105

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SEP 27 1951
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

55

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
LENGTH OF STAY (in this place) 8 Wks. 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tribbitt Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural
STREET ADDRESS (If rural, give location) Denton Road

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) T. (Last) Nichols

4. DATE OF DEATH (Month) September (Day) 20 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH May 14, 1881

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James A. Nichols

14. MOTHER'S MAIDEN NAME Mary Catherine Framptom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs. Bessie Nagel, Federalsburg, Md.

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adeno Carcinoma of Breast

170X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

50

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 1951, to Sept. 20, 1951, that I last saw the deceased alive on Sept 19 1951, and that death occurred at 10:35 P.m., from the causes and on the date stated above.

SIGNATURE M.D. (Degree or title) ADDRESS Greensboro Md DATE SIGNED Sept 22 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 23, 1951
NAME OF CEMETERY OR CREMATORY Washington Cemetery
LOCATION (City, town, or county) (State) Near Hurlock, Maryland

DATE REC'D BY LOCAL REG. [illegible]

REGISTRAR'S SIGNATURE L. Mae Pippin

24. FUNERAL DIRECTOR ADDRESS J. J. Framptom and Son, Federalsburg, Md.

SEP 27 1951
L [illegible] J V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

8756

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Denton
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Ridgely
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) GUY (Middle) (Last) PRITCHARD
4. DATE OF DEATH (Month) SEPT. (Day) 30 (Year) 1951
5. SEX m
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 10, 1942
9. AGE last birthday 9 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY school
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Kenneth Pritchard
14. MOTHER'S MAIDEN NAME Mary Kimball
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mr. Kenneth Pritchard, Ridgely, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

183

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 9 30-51 6 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell in river

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Lawson T. George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md DATE SIGNED 10/2/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 3, 1951
NAME OF CEMETERY OR CREMATORY Ridgely, Md
LOCATION (City, town, or county) (State) Ridgely, Maryland

DATE REC'D BY LOCAL REG. 10/2/51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton, Md.

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VS. A15A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08757

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Goldsboro
LENGTH OF STAY (in this place) 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Goldsboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) A. (Last) Rickards

4. DATE OF DEATH (Month) 9 (Day) 17 (Year) 19 51

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1/8/1879

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laboror

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No Record

14. MOTHER'S MAIDEN NAME Caroline Rickards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Earl Harrington Greensboro,

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause	(a) Heart Failure	4 yrs—
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Valvular Disease of heart	Don't Know
92d	(c) Rheumatism.	4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/17, 1951, to 9/17, 1951, that I last saw the deceased alive on 9/17, 1951, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE H. J. Silver (Degree or title) M.D. ADDRESS Goldsboro Md. DATE SIGNED 9/19-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/19/51
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. 9/19/51

REGISTRAR'S SIGNATURE A. Clark Smith

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

VS. A15

[illegible]

27

Bernard J. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08758

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Denton
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) NANNIE (Middle) CATHERINE (Last) SHOEMAKER

4. DATE OF DEATH (Month) SEPT (Day) 14 (Year) 1951

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Aug. 16, 1873

9. AGE last birthday 78 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Doctor N. Cook

14. MOTHER'S MAIDEN NAME Malinda Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Paul K. Shoemaker, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Sigmoid — abt 8 mo.

153X

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

462

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 6, 1951, to Sept. 14, 1951, that I last saw the deceased alive on Sept. 6, 1951, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE Paul Trotts (Degree or title) M.D. ADDRESS Denton Md DATE SIGNED 9-17-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 18, 1951
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REG. 9/18/51
REGISTRAR'S SIGNATURE Mrs D. D. George

24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton, Md.

VS. A15

[illegible] V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08759

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SHERMAN (Middle) LAWRENCE (Last) TRIBBITT

4. DATE OF DEATH (Month) SEPT (Day) 5 (Year) 1951

5. SEX m

6. COLOR OR RACE w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Mar 19, 1895

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME STEVE TRIBBITT

14. MOTHER'S MAIDEN NAME (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) yes WWI

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Mrs Naomi Tribbitt, Denton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Myocarditis Acute	30 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arterio-Sclerosis	several yrs
	(c)	Hypertension	3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

447X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1951, to Sept 5, 1951, that I last saw the deceased alive on Sept 5, 1951, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE Lawson C. George M.D. (Degree or title) ADDRESS Denton Md DATE SIGNED 9/9/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 9, 1951
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) Denton (State) Maryland

DATE REC'D BY LOCAL REG. 9/9/51
REGISTRAR'S SIGNATURE Wm D. A. Jerry
24. FUNERAL DIRECTOR Hugh Noott Fun, ADDRESS Denton Md

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08808

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
LENGTH OF STAY (in this place) 3yr. 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverside Convl. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location) " "

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) Baker (Last) Urie

4. DATE OF DEATH (Month) 9 (Day) 17 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 9-17-1865

9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Chestertown Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Henry Baker

14. MOTHER'S MAIDEN NAME Mary Louise Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT John U Truslow - Chestertown, Maryland

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral & General Arteriosclerosis

Antecedent cause(s)

334X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Endarteritis obliterans. Fracture of Femur

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1947, to Sept. 17, 1951, that I last saw the deceased alive on Sept. 15, 1951, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE Charles H [illegible] M.D. (Degree or title) ADDRESS Greensboro Md DATE SIGNED Sept 17 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 19 1951
NAME OF CEMETERY OR CREMATORY Chester Cem.
LOCATION (City, town, or county) (State) Chestertown, Maryland

DATE REC'D BY LOCAL REG. Sept 17-1951
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR Marvin V. Williams ADDRESS Chestertown Md.

VS. A15

RECEIVED
SEP 21 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08760

Reg. Dist. No. 63

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston
LENGTH OF STAY (in this place) 20 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) ~~Lewis~~ Young
4. DATE OF DEATH (Month) September (Day) 18 (Year) 1951

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9/18/51
9. AGE last birthday yrs. If under 1 year Months – Days – If under 24 hrs. Hours – Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Preston, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Young
14. MOTHER'S MAIDEN NAME Lucy Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service) -------
16. SOCIAL SECURITY NO. -------
17. INFORMANT Charles Young, Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity 20 minutes

776X

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1951 to Sept 18, 1951, that I last saw the deceased alive on 9/18, 1951 and that death occurred at 9:05 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Preston, Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/18/51
NAME OF CEMETERY OR CREMATORY Federal Hill, Cemetery
LOCATION (City, town, or county) Federalsburg, Md. (State) Md.

DATE REC'D BY LOCAL REG. 9/18/51
REGISTRAR'S SIGNATURE Cornelia W. Plummer
24. FUNERAL DIRECTOR J. J. Frampton & Son ~~Charles Young--Father~~ ADDRESS Federalsburg, Md. ~~Preston, Md.~~

10 9 18 1 45 9 24 V

RECEIVED
SEP 19 1951
BUREAU V. S.